

**MEDICAID OBSTETRICAL
AND MATERNAL SERVICES
(MOMS)
HEALTH SUPPORTIVE
SERVICES
(HSS)**

**PROGRAM AND BILLING
GUIDELINES**



**Developed by Computer Sciences Corporation (CSC)
2005**

MOMS HEALTH SUPPORTIVE SERVICES

QUESTIONS AND ANSWERS

What are MOMS Health Supportive Services?

MOMS Health Supportive Services (HSS) are preventive health services that are delivered by designated Article 28 hospitals and diagnostic and treatment centers, Article 36 certified home health agencies or private practitioners and are monitored by the New York State Department of Health. MOMS HSS supplement obstetrical services provided by private medical practitioners. MOMS HSS include nutrition, psychosocial assessment and counseling, health education and coordination of other services needed by Medicaid eligible women during the pregnancy and for a period of 60-90 days after delivery. As a coordinator of the pregnant woman's health supportive services, the HSS provider must work closely with the MOMS medical practitioner to ensure that every opportunity is provided for the pregnant woman to receive comprehensive and continuous prenatal care.

Physicians, midwives, and nurse practitioners enrolled in MOMS (Medicaid Obstetric Maternal Services) and billing the enhanced fee-for-service procedures are *required* to have a signed agreement with a Health Supportive Service provider and to refer their pregnant patients for HSS.

What is included in Health Supportive Services?

- Outreach
- Presumptive eligibility and assistance in the Medicaid application process
- Health education
- Initial and ongoing psychosocial and nutritional assessment and counseling
- Case management including referrals to such services as daycare, WIC and related food programs, substance abuse treatment programs, and other community resources
- Follow-up of missed appointments
- Arrangement of transportation for prenatal care through the local Department of Social Services
- HIV counseling and testing services (reimbursement is by a separate schedule for HIV services)
- Postpartum service (non-medical)
- Internal quality assurance

**MEDICAID (ANNUAL AND MONTHLY) INCOME LEVELS
FOR PREGNANT WOMEN AND CHILDREN**

JANUARY 1, 2005

Household Size	Two	Three	Four	Five	Six	Seven	Eight	Each Additional Person
100% FPL	\$12,830 \$ 1,070	\$16,090 \$ 1,341	\$19,350 \$ 1,613	\$22,610 \$ 1,885	\$25,870 \$ 2,156	\$29,130 \$ 2,428	\$32,390 \$ 2,700	+\$3,260 +\$ 272
133% FPL	\$17,064 \$ 1,422	\$21,400 \$ 1,784	\$25,736 \$ 2,145	\$30,072 \$ 2,506	\$34,408 \$ 2,868	\$38,743 \$ 3,229	\$43,079 \$ 3,590	+\$4,336 +\$ 362
200% FPL	\$25,660 \$ 2,139	\$32,180 \$ 2,682	\$38,700 \$ 3,225	\$45,220 \$ 3,769	\$51,740 \$ 4,312	\$58,260 \$ 4,855	\$64,780 \$ 5,399	+\$6,520 + 544

- A pregnant woman counts as two.
- Children under 1 year eligible at 200%.
- Children 1-5 years are eligible at 133%.
- Children 6-18 years are eligible at 100%, effective April 1, 2005.

Revised February 23, 2005



Who is eligible to render Health Supportive Services?

Health Supportive Services can be rendered by:

- Article 28 approved Hospitals or Diagnostic & Treatment Centers
- Article 36 Certified Home Health Agencies
- County Health Departments
- Physicians, Licensed Midwives, Nurse Practitioners

How is the MOMS Health Supportive Provider reimbursed?

Providers of MOMS Health Supportive Services bill Medicaid directly using the MOMS reimbursement schedule. Medicaid reimbursement will be made based upon direct patient contact.

The per visit reimbursement for MOMS Health Supportive Services is as follows:

Program Location	MOMS Health Supportive Services Medicaid Reimbursement MA Fee Per Visit
Metro, downstate	\$87.13
Upstate, urban	\$76.06
Upstate, rural	\$82.70
Physician Office	\$81.00

What constitutes a HSS Threshold or Billable Visit?

MOMS Health Supportive Services fall into five types of billable visits. Providers are encouraged to organize services according to these criteria:

1. **Assessment** - Billable once and includes:
 - Outreach
 - Presumptive eligibility determination and assistance in the Medicaid process
 - Initial and ongoing psychosocial and nutritional assessment
 - Development of care plan and care coordination, including referral to WIC, follow-up of missed appointments and assistance in obtaining transportation to medical and health supportive services
2. **Health Education** - Billable once and includes:
 - Provision of required topics, regardless of the number of visits needed for completion
3. **HIV Counseling and Testing** * - Reimbursement is available for pretest counseling and post-test counseling
 - Includes pretest counseling, informed consent prior to testing and post-test counseling
4. **Psychosocial and Nutritional Counseling** - Billable as indicated and includes:
 - Professional counseling sessions as indicated by assessment and care plan
5. **Postpartum Visit** - Billable once and includes:
 - Postpartum assessment and referral for ongoing maternal and infant needs

* HIV services provided by Article 28 MOMS HSSPs are reimbursed via appropriate MMIS HIV rate codes and may be billed on the same date as code 1604.

NOTE: All MOMS HSS should be documented in the patient's medical record.

MOMS

HEALTH SUPPORTIVE SERVICES

BILLING GUIDELINES

General Billing

Refer to your MMIS Provider Manual for specific instructions on completion of the claim form or refer to the electronic specifications for your specific provider type.

MOMS HSSP Billing

- MOMS Article 28 and 36 HSSPs must utilize MMIS rate code 1604* when seeking reimbursement for Health Supportive Services. MOMS clinicians should use code H1005. This code applies to the assessment visit, health education, counseling visits, and the postpartum visit. When performing more than one professional service or visit on the same date, only one Medicaid claim using the rate code 1604 (or H1005) may be generated.
- HIV services provided by Article 28 MOMS HSSPs are reimbursed via appropriate MMIS HIV rate codes and may be billed on the same date as code 1604.
- Article 36 MOMS HSSPs must utilize MMIS rate code 1604 when billing for HIV pretest and post-test counseling sessions. These services may not be billed on the same date as another HSS visit.
- Physician approved MOMS HSSPs must be enrolled in the HIV Enhanced Fees for Physicians Program (HIV-EFP) to bill HIV counseling and testing sessions. HIV services may be billed on the same date of service as procedure code H1005.
- There is no separate reimbursement for missed appointments or for follow-up regarding missed appointments.
- There is no separate or discrete reimbursement for outreach, presumptive eligibility, development of care plan and care coordination. These activities are included in the reimbursable visits.

*** An appropriate ICD-9CM diagnosis and procedure code must be utilized in conjunction with the rate 1604.**

Where can I find additional information about the MOMS HSS program?

A list of eligible HSS providers is available from:

**Bureau of Women's Health
Perinatal Health Unit
New York State Department of Health
Empire State Plaza
Corning Tower -Room 1882
Albany, New York 12237
(518) 474-1911
Email: qej03@health.state.ny.us**

or

At the New York State Department of Health's website:

<http://www.health.state.ny.us/nysdoh/perinatal/en/moms.htm>

Information on the following topics can be obtained at the above website:

- MOMS Program Description and Eligibility Requirements
- MOMS Application for Enrollment as a Specialist
- Standards for Providers of MOMS Health Supportive Services
- Application To Provide Health Supportive Services in The Medicaid Obstetrical and Maternal Services Program (MOMS)
- Medicaid Income Levels for Children and Pregnant Women
- MOMS Health Supportive Services (HSS) Program and Billing Guidelines in PDF format
- MOMS Billing Buildines in PDF format
- Find a MOMS HSSP nearest you